

## REMARKS

Claims 1-4, 7-15 and 17, 18 and 21-27 and 29 are pending in this application. Claims 1-4, 7-15, 17, 18, 21-27 and 29 have been rejected. No new matter has been added. It is respectfully submitted that the pending claims define allowable subject matter.

Claims 1-3, 7-14, 17 and 18 have been rejected under 35 U.S.C. §103(a) as being unpatentable over Lemelson et al. (U.S. Patent 5,878,746), hereafter Lemelson in view of DiFilippo et al. (U.S. Patent Application Publication 2002/0164059), hereafter DiFilippo. Claims 4 and 15 have been rejected under 35 U.S.C. §103(a) as being unpatentable over Lemelson in view of DiFilippo and further in view of Brady et al. (U.S. Patent 7,200,612), hereafter Brady. Claims 21-27 and 29 have been rejected under 35 U.S.C. §103(a) as being unpatentable over Lemelson in view of Brady. Applicants respectfully traverse these rejections for at least the reasons set forth hereafter.

The cited references, including in particular Lemelson, include systems and methods that compare new and past data (which may include group or statistical data) to identify matches for determining changes in a patient's condition. The cited references are concerned with identifying an abnormality based on a match with known information previously acquired or generated. For example, the systems and methods of the cited references identify abnormalities based on changes in a patient's condition (e.g., a tumor growing) or based on compared previously identified abnormalities that define a template.

Independent claim 1 has been amended to recite a knowledge-based diagnostic imaging system including, among other elements "a controller for accessing said database based on said new patient data set and providing automated instructions and wherein said diagnostic equipment compares new and past patient data sets to determine whether additional information is needed and highlights abnormalities in an image generated from said new patient data set, said highlighting including color coding the image or surrounding indicia to identify a feature not found in the database." The methods and systems of the cited references highlight features in an image that are identified based on known or previously determined features. However, none of the cited references also highlight unidentified features in an image, namely features in an image not found in a database. Accordingly, Applicants submit that claim 1 is allowable.

Independent claim 12 recites a method for providing knowledge-based diagnostic equipment including, among other elements “highlighting abnormalities in an image generated from said new patient data set that are unique to a current patient.” Nothing in the cited references describes highlighting abnormalities that are unique to a current patient. All of the cited references are concerned with identifying similarities between present and past information to categorize or determine a type of a current abnormality. None of the cited references then also highlight abnormalities that are unique to the patient. The feature highlighted by the systems and methods of the cited references are based on known or previously identified features, and in particular, based on identified features of others saved in a database. Accordingly, these identified features necessarily cannot be unique to the patient. Thus, Applicants submit that claim 12 is allowable.

Claim 21 recites a network including, among other elements “an interconnection between said diagnostic equipment and said database, said database providing past patient images for previously analyzed patients and wherein said interconnection provides on-line real-time interaction between different interconnected healthcare facilities.” The Office Action asserts that Brady teaches wherein “a database connects different hospitals from around the world (column 4, lines 48-57)”. Brady describes a database that comprises information produced by data processing at a plurality of geographically separate sites such as different hospitals around the country or world. The information is stored in a central database for access by different users. Although Brady describes generating information at different geographically separate sites, this information is then stored for later accessing. An interconnection that “provides on-line real-time interaction between different healthcare facilities” as recited in claim 21 is not taught by the cited references as discussed in more detail below.

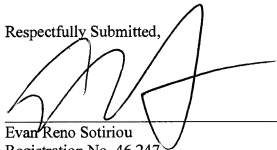
Assuming *arguendo* that the combination of Lemelson and Brady is proper, this combination connects different hospitals to a database to access information therefrom as set forth in the Office Action. This is not the same as interconnecting the hospitals to provide on-line real-time interaction therebetween. The system of Brady uses the database to share information stored in a database among the different hospitals. This type of information sharing

is not the same as interconnecting the hospitals. Thus, modifying Lemelson in view of Brady does not describe each and every element of claim 21. Accordingly, Applicants submit that claim 21 is allowable.

Additionally, Applicants submit that dependent claims 2-4, 7-11, 13-15, 17, 18, 22-27 and 29 recite additional subject matter not anticipated nor rendered obvious by the cited references. Further, dependent claims 2-4, 7-11, 13-15, 17, 18, 22-27 and 29 are patentable over the cited references based at least on the dependency of these claims from the independent claims.

In view of the foregoing amendments and remarks, it is respectfully submitted that the cited references neither anticipate nor render obvious the claimed invention and the pending claims in this application are believed to be in condition for allowance. Reconsideration and favorable action is respectfully solicited. Should anything remain in order to place the present application in condition for allowance, the Examiner is kindly invited to contact the undersigned at the telephone number listed below.

Respectfully Submitted,



Date: August 26, 2008

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